



Client No. 2036		Client Name OH MATERIALS				Location 1004 OSWEGO ST UTICA NY				Date 7/8/87																			
Facility Equipment		Detex Clock No.		Weapon No.		Holster		Nightsick		Raincoat 1		Flashlight 1		Other TWO GATE KEYS - LOG BOOK - RADIO															
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) GEORGE J. D.				Officer—Swing Shift (Name) B. Wallard				Officer—Grave Shift (Name) Dick Kozowski															
						Shift Began 8 AM-PM Ended 12 AM-PM				Shift Began 9 AM-PM Ended 12 AM-PM				Shift Began 12M AM-PM Ended 8 AM-PM															
Observations or actions taken						Yes		No		Explanation		Yes		No		Explanation													
Rounds or stations missed								✓						✓															
Unlocked doors, gates or windows								✓						✓															
Unlocked vaults or safes								✓						✓															
Fire-smoke-or hazards								✓						✓															
1. Extinguishers missing or defective								✓						✓															
2. Sprinkler system defective								✓						✓															
3. Fire doors or exits blocked								✓						✓															
4. Rubbish accumulation								✓						✓															
5. Motors running								✓						✓															
6. Lights left burning								✓						✓		LIGHTS OUT 0515.													
Injury hazards								✓						✓															
Visitors								✓						✓		OHMA & EPA PEOPLE													
Trespassing								✓						✓		ON SITE													
Violation of company rules								✓						✓															
Remarks																													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																													
1. Were you injured during this tour?						Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
						Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?						Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?						Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures						1.		2.		3.		1.		2.		3.		1.		2.		3.		1.		2.		3.	
						✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
						✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
						✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	

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